

Central District Health Department

# STRATEGIC PLAN

Fiscal Years 2011 – 2016



7/1/2012

Revision 1.0

# CENTRAL DISTRICT HEALTH DEPARTMENT

---

## **Strategic Planning Group**

*Committee Chair:* Nikki Zogg, Community Health Division Director

### **Members:**

Meghan Calaway, Finance Officer  
Jaime Harding, Health Promotion Manager  
Donna Mahan, Executive Assistant  
Bob Nertney, Information Systems Manager  
Cindy Trail, Deputy Director

### **Plan Development Participants:**

Lorraine Fortunati, Preventive Health Services Coordinator  
Rob Howarth, Environmental Health and Preparedness Director  
Kimberly Link, Communicable Disease Control Manager  
Angela Spain, Women, Infants and Children Manager  
Kathryn Quinn, Public Health Preparedness Manager

# CENTRAL DISTRICT HEALTH DEPARTMENT

---

## Contents

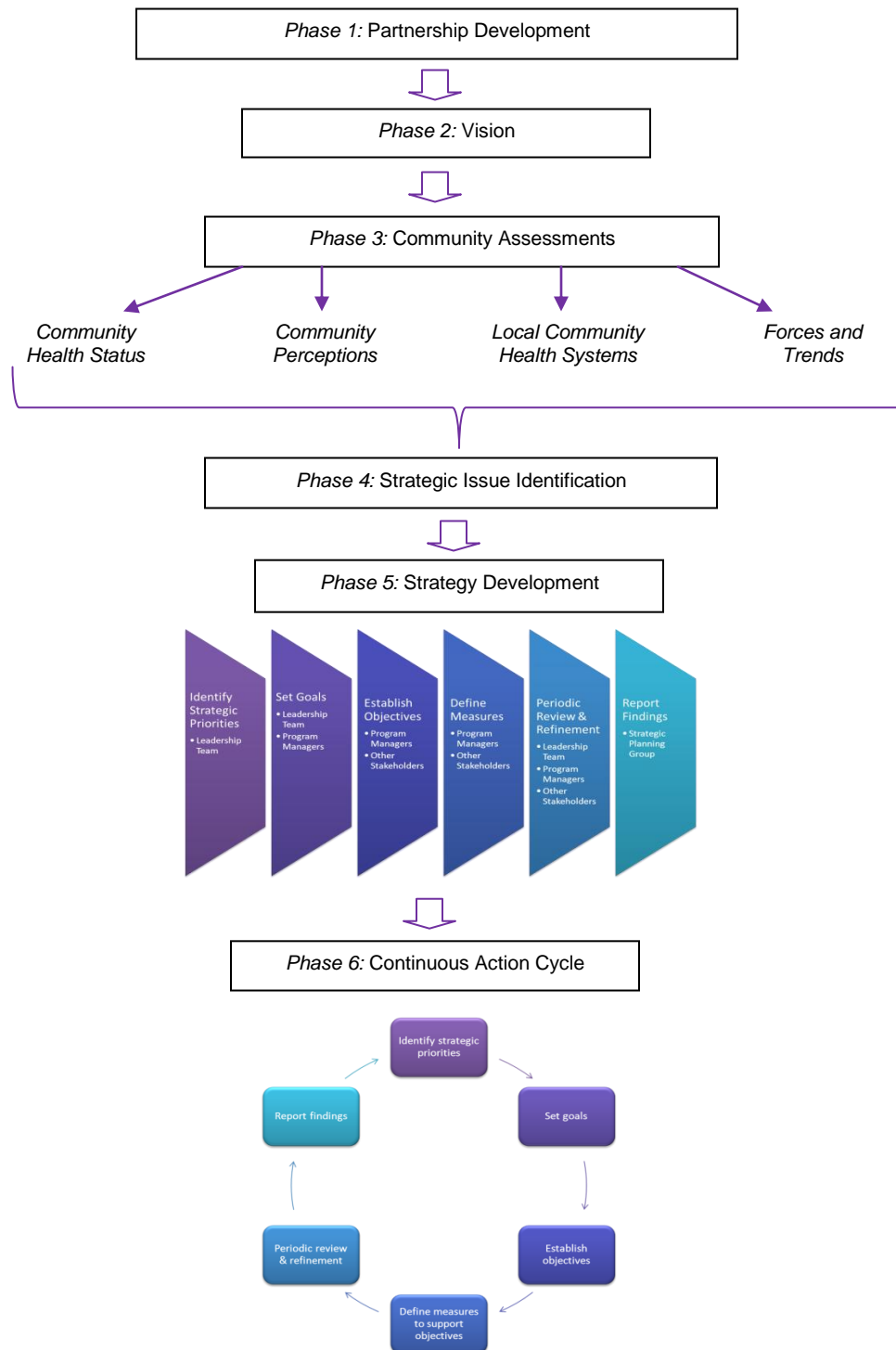
|  |    |
|--|----|
| Strategic Plan for Healthy People in Healthy Communities .....     | 4  |
| Agency Priorities .....  | 5  |
| Strategic Priority 1: Decrease Tobacco Initiation and Use.....     | 5  |
| Strategic Priority 2: Decrease Obesity.....                        | 8  |
| Program Priorities.....  | 12 |
| Strategic Priority 1: Health Improvement.....                      | 12 |
| Strategic Priority 2: Health Protection .....                      | 15 |
| Appendix A: 2011/2012 Summary of Completed Goals and Objectives... | 19 |

# CENTRAL DISTRICT HEALTH DEPARTMENT

## Strategic Plan for Healthy People in Healthy Communities

The Central District Health Department (CDHD) Strategic Planning Group was formed in 2008. Group members followed a quality improvement planning model to develop and implement a process that is used to create the agency's organizational strategic plan.

### CDHD's Road to Healthy People in Healthy Communities



# CENTRAL DISTRICT HEALTH DEPARTMENT

---

**Vision:**

Healthy People in Healthy Communities

**Mission:**

To improve the health of our communities by identifying and assuring sustainable solutions to community health issues.

**Agency and Program Strategic Priorities, Goals and Objectives:**

The strategic priorities, goals and objectives will guide Central District Health Department's (CDHDs) work for Fiscal Year (FY) 2011 to 2016. The strategic priorities touch upon the major functions of CDHD by outlining specific goals and objectives. Some of the goals and objectives reach beyond the traditional public health work to further enable CDHD in achieving its overall mission and vision of a healthier population in Health District 4.

This strategic plan is a living document and focuses on goals and objectives for the next five years. It will be updated periodically in order to refine goals and objectives as well as replace met objectives with "next step" objectives. The intent of this approach is to maintain momentum towards achieving our long-term strategic priorities and goals.

## Agency Priorities

---

**Strategic Priority 1: Decrease Tobacco Initiation and Use**

*Decrease tobacco initiation among adolescents and young adults, and decrease tobacco use by 2016.*

**Goal 1.1:** Identify an agency strategy for decreasing tobacco initiation and use.

Objective: 1.1.1. By December 2012, complete a strategic plan.

*Measure:* 1.1.1.1. Strategic plan developed and identifies strategies with specific, measurable, attainable and relevant objectives.

**Goal 1.2:** Promote policy adoption and provide policy expertise to community partners in an effort to decrease tobacco initiation and use.

Objective: 1.2.1. By December 2012, develop a 3-year policy agenda to decrease tobacco initiation and use.

*Measure:* 1.2.1.1. Policy agenda completed.

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

Objective: 1.2.2. By July 2013, report policy progress to CDHD Leadership Team, Board of Health and County Commissioners.

*Measure:* 1.2.2.1. Report completed and shared.

Objective: 1.2.3. By September 2014, create additional smoke free environments.

*Measure:* 1.2.3.1. Report number of policies adopted.

### **Goal 1.3:** Provide cessation classes to target populations.

Objective: 1.3.1. By October 2012, evaluate the tobacco cessation program.

*Measure:* 1.3.1.1. Evaluation completed.

Objective: 1.3.2. By December 2012, map a plan to target cessation resources to high-risk populations.

*Measure:* 1.3.2.1. Plan completed.

Objective: 1.3.3. By March 2013, implement plan to target cessation resources to high-risk populations.

*Measure:* 1.3.3.1. Plan implemented.

### **Goal 1.4:** Decrease tobacco initiation and use by increasing tobacco costs.

Objective: 1.4.1. By September 2012, collaborate with community partners to educate legislators and encourage them to support a tobacco tax increase.

*Measure:* 1.4.1.1. Tobacco tax increase passed by legislators.

Objective: 1.4.2. By July 2015, collect and report tobacco sales and use data in Idaho from FY2014 to FY2015.

*Measure:* 1.4.2.1. Report findings to CDHD Leadership Team, Board of Health and County Commissioners.

### **Goal 1.5:** Reduce tobacco use among pregnant women enrolled in the Women, Infants, and Children (WIC) program.

Objective: 1.5.1. By July 2013, enroll 250 women in the “Quit Tobacco”

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

cessation program.

*Measure:* 1.5.1.1. Number of WIC participants enrolled in the program from July 1, 2012 to June 30, 2013.

*Measure:* 1.5.1.2. Number of WIC participants who completed the “Quit Tobacco” program.

*Measure:* 1.5.1.3. Number of WIC participants who reduce using tobacco at 3-month post-program.

*Measure:* 1.5.1.4. Number of WIC participants who quit using tobacco at 3-month post-program.

*Measure:* 1.5.1.5. Number/percent of WIC households that report smoking in household with children younger than 5 years of age.

# CENTRAL DISTRICT HEALTH DEPARTMENT

---

## Strategic Priority 2: **Decrease Obesity**

*Decrease the prevalence of overweight and obese children and adults in Health District 4 by 2016.*

**Goal 2.1:** Identify an agency strategy for decreasing obesity.

Objective: 2.1.1. By December 2012, complete a strategic plan.

*Measure:* 2.1.1.1. Strategic plan developed and identifies strategies with specific, measurable, attainable and relevant objectives.

**Goal 2.2:** Promote policy adoption and provide policy expertise to community partners in an effort to reduce the prevalence of adult obesity.

Objective: 2.2.1. By December 2012, develop a 3-year policy agenda to decrease obesity.

*Measure:* 2.2.1.1. Policy agenda completed.

Objective 2.2.2. By July 2013, report policy progress to CDHD Leadership Team, Board of Health and County Commissioners.

*Measure:* 2.2.2.1. Report completed and shared.

**Goal 2.3:** By June 2016, reduce the prevalence of obese adults in Health District 4.

Objective: 2.3.1. By June 2013, reduce the percentage of pregnant WIC participants in the “greater than ideal” weight category from 45.6% to 43%.

*Measure:* 2.3.1.1. Analyze and report data from WISPr to the CDHD Management team and Board of Health.

Objective: 2.3.2. By September 2012, identify best-practices and model policies/programs that have been proven to reduce the prevalence of adult obesity.

*Measure:* 2.3.2.1. Selected one or more best-practice or model policy/program to adopt.

# CENTRAL DISTRICT HEALTH DEPARTMENT

---

**Goal 2.4:** Increase adoption of and participation in workplace wellness programs.

Objective: 2.4.1. By June 2014, utilize nutrition and activity policy guidelines to assist businesses in creating worksite policies.

*Measure:* 2.4.1.1. Number of worksites implementing policies.

Objective: 2.4.2. By June 2014, educate organizations and businesses to increase options for daily physical activity.

*Measure:* 2.4.2.1. Number of organizations educated.

*Measure:* 2.4.2.2. Report options for increased daily physical activity to the CDHD management team and Board of Health.

**Goal 2.5:** Increase the quality and quantity of healthy food options and physical activity opportunities in childcare settings.

Objective: 2.5.1. By June 2014, conduct a pilot project with selected childcare settings to increase healthy food options and physical activity.

*Measure:* 2.5.1.1. Number of childcare settings educated.

**Goal 2.6:** Increase physical activity among children and adults to meet recommended guidelines.

Objective: 2.6.1. By September 2014, increase the number of joint use agreements in communities.

*Measure:* 2.6.1.1. Number of joint use agreements adopted.

**Goal 2.7:** Decrease sedentary screen-time (e.g., television, gaming systems and computers) among children.

Objective: 2.7.1. By June 2013, educate organizations about decreasing screen (i.e., computer and TV) time.

*Measure:* 2.7.1.1. Number of organizations educated.

*Measure:* 2.7.1.2. Percent of WIC households with children less than five

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

years of age who view TV less than two hours per day.

Objective: 2.7.2. Participate in Be Outside! Idaho coalition.

*Measure:* 2.7.2.1. Number of schools and childcare centers educated.

**Goal 2.8:** Increase the availability and consumption of low-calorie, nutrient dense foods and beverages.

Objective: 2.8.1. By June 2013, reduce the percentage of WIC children who are classified as overweight or obese from 13.5% to 11.5%.

*Measure:* 2.8.1.1. Analyze and report from WISPr to the CDHD management team and Board of Health.

Objective: 2.8.2. By June 2013, reduce the percentage of WIC children who are overweight from 9% to 8%.

*Measure:* 2.8.2.1 Percent of change.

Objective 2.8.3. By June 2013, increase WIC participation by 15% from June 2012 to June 2013.

*Measure:* 2.8.3.1. Percent increase.

**Goal 2.9:** Decrease the availability and consumption of less healthy foods and beverages.

Objective: 2.9.1. By September 2014, increase the number of schools with competitive food policies.

*Measure:* 2.9.1.1. Number of schools adopting policies.

**Goal 2.10:** Increase breastfeeding initiation, duration and exclusivity in supportive environments in accordance with American Academy of Pediatrics guidelines.

Objective: 2.10.1. By June 2013, increase the percentage of WIC participants who breastfed at least six months from 34.8% to 39.8%.

*Measure:* 2.10.1.1. Percent who breastfed at least six months.

Objective: 2.10.2. By June 2013, increase the percentage of WIC participants who exclusively breastfed at least six months from 22.8% to 27.8%.

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

*Measure:* 2.10.2.1. Percent who exclusively breastfed at least six months.

Objective: 2.10.3. By September 2013, conduct outreach to hospitals about a baby-friendly designation.

*Measure:* 2.10.3.1. Number of hospitals reached.

**Goal 2.11:** Support built environment initiatives that address obesity into the next decade.

Objective: 2.11.1. By June 2013, develop and sustain collaborative relationships that support smart growth concepts.

*Measure:* 2.11.1.1. Summarize efforts to develop and sustain collaborative relationships that support smart growth concepts.

Objective: 2.11.2. By June 2013, assess local support for recreational pathway development in selected communities in Health District 4.

*Measure:* 2.11.2.1. Summarize local support for recreational pathway development in Health District 4.

Objective: 2.11.3. By June 2013, collaborate with community partners associated with Community Planning Association of Southwest Idaho (COMPASS) in updating the Regional Transportation Plan.

*Measure:* 2.11.3.1. Attend meetings necessary to complete grant applications.

*Measure:* 2.11.3.2. Contribute to update of Transportation Plan.

Objective: 2.11.4. By June 2014, develop or commission development of a built environment guidebook for presentation to local planning and building officials.

*Measure:* 2.11.4.1. Secure funding and/or staffing to complete the guidebook.

*Measure:* 2.11.4.2. Present guidebook to appropriate local officials.

Objective: 2.11.5. By September 2014, increase the number of communities with complete streets language/policies.

*Measure:* 2.11.5.1. Number of communities that adopted policies.

## Program Priorities

---

### Strategic Priority 1: **Health Improvement**

*Improve the quality of life in the counties of Health District 4 and increase the years of healthy life among residents.*

#### **Goal 1.1:** Reduce the incidence of unintended pregnancies.

Objective: 1.1.1. By June 2013, increase client participation by 10% in family planning services at CDHD.

*Measure:* 1.1.1.1. By December 2012, conduct social marketing in-service to all Preventive Health Services (PHS) staff to generate interdepartmental referral of clients.

*Measure:* 1.1.1.2. Conduct intermittent survey of new clients seeking services at Reproductive Health (RH) to determine how they were referred to RH throughout FY2012/2013.

*Measure:* 1.1.1.3. Complete a comparative analysis of 2011/2012 to 2012/2013 client visit data, comparing # of unduplicated clients, # of client visits and no-show rates.

Objective: 1.1.2. By June 2013, increase WIC client awareness of reproductive health services available at CDHD by 10%.

*Measure:* 1.1.2.1. By April 2013, administer a follow-up survey to WIC clients regarding their awareness of reproductive health services provided at CDHD.

*Measure:* 1.1.2.2. Analyze and report follow-up survey results to the CDHD management team and Board of Health.

Objective: 1.1.3. By June 2012, develop a plan to expand outreach to secondary schools in rural communities.

*Measure:* 1.1.3.1. Instruct Adolescent Pregnancy Prevention curriculum, Reducing the Risk, in McCall and Glenns Ferry high schools in the 2012/2013 fall and spring semesters.

*Measure:* 1.1.3.2. Conduct a Healthy Relationship presentation in Boise County.

# CENTRAL DISTRICT HEALTH DEPARTMENT

---

## **Goal 1.2:** Improve the oral health of children.

Objective: 1.2.1. By June 2013, maintain the oral health of WIC children by keeping the rate of dental caries at or below 10%.

*Measure:* 1.2.1.1. Percent of dental caries among existing clients.

Objective: 1.2.2. By June 2013, provide preventative fluoride varnish to 1,200 children.

*Measure:* 1.2.2.1. Number of WIC children who received fluoride varnish.

Objective: 1.2.3. By June 2013, improve the oral health of WIC children by reducing the percent of returning children self-reporting risky behaviors from 36.8% to 30%.

*Measure:* 1.2.3.1. Percent of WIC children who self-reported risky behaviors.

Objective: 1.2.4. By June 2013, describe the epidemiology of oral health among children receiving services at CDHD.

*Measure:* 1.2.4.1. Epidemiological description completed and shared with clinic providers and managers.

Objective: 1.2.5. By June 2013, increase the return rate of WIC children receiving oral health services at CDHD by 15%.

*Measure:* 1.2.5.1. Percent of WIC children returning for preventative oral health services.

## **Goal 1.3:** Reduce the prevalence of low hemoglobin in infants and children who participate in the WIC program.

Objective: 1.3.1. By June 2013, maintain the health of infants and children by keeping the overall low hemoglobin rate at or below 7.1%

*Measure:* 1.3.1.1. Analyze data from WISPr and report findings to the CDHD management team and Board of Health.

## **Goal 1.4:** Reduce the incidence of street drug usage among pregnant and breastfeeding women participating in the WIC program.

Objective: 1.4.1. By June 2013, collect baseline data on the incidence of street drug usage among pregnant and breastfeeding women.

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

*Measure:* 1.4.1.1. Report baseline data from the WISPr report to the CDHD management team and Board of Health.

*Objective:* 1.4.2. By December 2014, develop a plan to reduce the incidence of street drug usage among pregnant and breastfeeding women.

*Measure:* 1.4.2.1. Plan developed.

**Goal 1.5:** Reduce the incidence of alcohol use among pregnant and breastfeeding women participating in the WIC program.

*Objective:* 1.5.1. By June 2013, collect baseline data on the incidence of alcohol use among pregnant and breastfeeding women participating in the WIC program.

*Measure:* 1.5.1.1. Report baseline data from the WISPr report to the CDHD management team and Board of Health.

*Objective:* 1.5.2. By December 2014, develop a plan to reduce the incidence of alcohol use among pregnant and breastfeeding women.

*Measure:* 1.5.2.1. Plan developed.

# CENTRAL DISTRICT HEALTH DEPARTMENT

---

## Strategic Priority 2: **Health Protection**

*Protect the public's health by minimizing the impact of infectious diseases and environment-related illnesses.*

**Goal 2.1:** Reduce the risk factors and disease burden of preventable infectious diseases.

Objective: 2.1.1. By June 2013, maintain immunization rates among WIC clients 0-24 months old at 85%.

*Measure:* 2.1.1.1. Goal obtained throughout the year.

Objective: 2.1.2. By December 2013, vaccinate 60% of Boise and Meridian School District adolescents attending "BSU Physicals – Immunization campaign" who are screened and found to be not current on immunizations for meningococcal, Tdap and hepatitis A.

*Measure:* 2.1.2.1. Percent of vaccine coverage prior to and following the event for meningococcal.

*Measure:* 2.1.2.2. Percent of vaccine coverage prior to and following the event for Tdap.

*Measure:* 2.1.2.3. Percent of vaccine coverage prior to and following the event for hepatitis A.

Objective: 2.1.3. By December 2016, increase adolescent (13 – 18 years of age) vaccine rates by 20% for ACIP recommended vaccines for youth attending Immunization and Reproductive Health clinics or CDHD sponsored immunization events.

*Measure:* 2.1.3.1. Percent of meningococcal vaccine coverage of youth attending clinic or event by December 2012 compared to December 2016.

*Measure:* 2.1.3.2. Percent of Tdap vaccine coverage of youth attending clinic or event by December 2012 compared to December 2016.

*Measure:* 2.1.3.3. Percent of hepatitis A vaccine coverage of youth attending clinic or event by December 2012 compared to December 2016.

*Measure:* 2.1.3.4. Percent of HPV vaccine coverage of youth attending clinic or event by December 2012 compared

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

to December 2016.

Objective: 2.1.4. By December 2012, readdress evidence-based public health priorities for communicable disease prevention in Health District 4.

*Measure:* 2. 1.4.1. Public health priorities set and approved by CDHD leadership.

Objective: 2.1.5. By June 2013, develop and implement a five-year plan to address public health priorities for communicable disease prevention in Health District 4.

*Measure:* 2.1.5.1. By March 2013, plan developed.

*Measure:* 2.1.5.2. By June 2013, plan implemented.

Objective: 2.1.6. By June 2016, report mid-term outcomes of the five-year plan to prevent communicable diseases in Health District 4.

*Measure:* 2.1.6.1. Report completed and presented to the CDHD management team and Board of Health.

Objective: 2.1.7. By January 2013, increase the percentage of childcare facilities in Health District 4 receiving immunization record reviews from 15% to 25%.

*Measure:* 2.1.7.1. Percent of increase.

**Goal 2.2:** Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and environmental toxins or hazards.

Objective: 2.2.1. By June 2012, renew contract securing CDHD's role as the statewide central contractor for childcare health and safety inspections.

*Measure:* 2.2.1.1. Contract renewed.

Objective: 2.2.2. By January 2012, review food safety program procedures to ensure compliance with statewide Food Safety Operating Procedures.

*Measure:* 2.2.2.1. Procedures prescribed by the SOP Manual are adopted and implemented.

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

Objective: 2.2.3. Maintain contract with the federal Food and Drug Administration (FDA), through Idaho Department of Health and Welfare (IDHW), to perform food safety inspections in Health District 4 through 2016.

*Measure:* 2.2.3.1. Contract between CDHD and FDA/IDHW maintained.

Objective: 2.2.4. By June 2016, increase federal FDA food safety inspections from 10 to 15.

*Measure:* 2.2.4.1. Amount of increase from 2012 to 2016.

Objective: 2.2.5. By June 2014, assess community need for information and resources related to healthy indoor living conditions (e.g., mold, radon, lead, VOCs, carbon monoxide, etc.)

*Measure:* 2.2.5.1. Coordinated with the Bureau of Community and Environmental Health to assess need.

*Measure:* 2.2.5.2. Assessment completed and reported in writing to CDHD leadership/Board of Health.

**Goal 2.3:** Increase use of information technology in the delivery of Environmental Health programs.

Objective 2.3.1. By January 2013, implement Environmental Health data system.

*Measure:* 2.3.1.1. System implementation completed.

Objective 2.3.2. By January 2013, implement a system to accept online payment for all Environmental Health fees.

*Measure:* 2.3.1.1. System implementation completed.

Objective 2.3.3. By January 2014, conduct a pilot test of mobile field devices for inspections at food establishments.

*Measure:* 2.3.1.1. Pilot test completed.

Objective 2.3.4. By January 2014, implement a system to take online food establishment license applications.

*Measure:* 2.3.1.1. System implementation completed.

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

**Goal 2.4:** Mitigate poor public health outcomes following public health-related emergencies

Objective 2.4.1. By November 2012, score a minimum of 80% on the Cities Readiness Initiative, Technical Assistance Review (TAR).

*Measure:* 2.4.1.1. Score of the TAR.

Objective 2.4.2. By April 2013, complete statewide full-scale exercise.

*Measure:* 2.4.2.1. Exercise completed.

Objective 2.4.3. By June 2014, increase outreach efforts with elderly, refugee, and other vulnerable populations.

*Measure:* 2.4.3.1. Number of new partnerships established.

*Measure:* 2.4.3.2. Number of partner agency trainings and exercises completed.

Objective 2.4.4. By June 2014, establish a relationship with community pharmacies with the intent to gain support during public health emergencies (e.g., Point-of-dispensing assistance and/or medication delivery).

*Measure:* 2.4.4.1. Number of new pharmacy partnerships developed.

*Measure:* 2.4.4.2. Number of new agreements in place.

*Measure:* 2.4.4.3. Emergency Operations Plan updated to reflect changes.

# CENTRAL DISTRICT HEALTH DEPARTMENT

## Appendix A: 2011/2012 Summary of Completed Goals and Objectives

|                           | Description   | Completed / Revised/ Deleted | Comment   |
|---------------------------|---|------------------------------|---|
| <b>Agency Priorities</b>  |   |                              |   |
| Strategic Priority 1      |   |                              |   |
| Goal 1.1                  | Achieve tobacco-free publicly owned multi-housing complexes in Health District 4.   | Completed                    | Objective 1.1.1. completed; goal incorporated into revised goals  |
| Goal 1.2                  | Achieve tobacco-free public parks.  | Partially completed/ Deleted | Objectives 1.2.1. & 1.2.2. completed. Objective 1.2.3. deleted  |
| Goal 1.3                  | Achieve tobacco-free post-secondary campuses.   | Deleted                      | Priorities revised  |
| Goal 1.4                  | Eliminate tobacco use on school grounds in Meridian Joint School District.  | Deleted                      | Priorities revised  |
| Goal 1.5                  | Decrease tobacco initiation and use by increasing costs.  | Revised                      | Objective 1.5.1. completed, Objective 1.5.2. deleted  |
| Goal 1.6                  | Decrease tobacco use among clients of pediatric and family practice offices.  | Deleted                      | Priorities revised  |
| Strategic Priority 2      |   |                              |   |
| Goal 2.2                  | Decrease the prevalence of overweight and obese children.   | Deleted/ Revised             | Incorporated into new goals and objectives developed in FY2013  |
| Goal 2.3                  | Positively affect the risk and severity of chronic disease through reduction of adult obesity.  | Deleted/ Revised             | Incorporated into new goals and objectives developed in FY2013  |
| <b>Program Priorities</b> |   |                              |   |
| Strategic Priority 1      |   |                              |   |
| Goal 1.1                  | Reduce the incidence of unintended pregnancies.   | Revised                      | Objectives 1.1.1. and 1.1.2. revised, Objective 1.1.3. deleted (?)  |
| Goal 1.4                  | Increase application of dental varnish to children ages 6 months to 6 years receiving healthcare services at Family Medicine Residency of Idaho (FMRI). | Revised                      | Objective 1.4.1. revised  |
| Goal 1.5                  | Increase numbers of dentists willing to see children ages 1 to 3 years old.   | Deleted                      | Determined adequate dental resources are currently available to meet the need   |
| Strategic Priority 2      |   |                              |   |
| Goal 2.1                  | Reduce the risk factors and disease burden of preventable infectious diseases.  | Revised/ Deleted             | Objective 2.1.1. revised, Objectives 2.1.2 and 2.1.3. deleted, Objective 2.1.4. deleted(?), Objective 2.1.5. revised, Objectives 2.1.6. and 2.1.7. deleted, Objective |

## CENTRAL DISTRICT HEALTH DEPARTMENT

---

|          |  |                       |   |
|----------|--|-----------------------|---|
|          |  |                       | 2.1.8. revised, Objectives 2.1.9. and 2.1.10. deleted, Objective 2.1.11. and 2.1.12. revised  |
| Goal 2.2 | Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and environmental toxins or hazards. | Completed/<br>Revised | Objective 2.2.1. completed/revised, Objective 2.2.2. completed, Objective 2.2.3. completed/revised, Objective 2.2.4. revised and moved to Agency Priority 2, Objective 2.2.5. completed |
| Goal 2.3 | Expand content, evaluate, and promote Reveal4Real website.   | Completed             |   |
| Goal 2.4 | Mitigate poor public health outcomes following public health-related emergencies.  | Completed/<br>Revised | Objective 2.4.1. completed/revised, Objective 2.4.2. completed, Objective 2.4.3. revised  |